

Dear Prospective Applicant:

Thank you for your interest in a career with the City of Hartsville. To begin the application process, all applicants are required to submit a <u>complete</u> application packet. Incomplete application packets <u>will not</u> be considered.

Complete Application must include:

- Signed application (Available in City Human Resources office or may be downloaded at www.hartsvillesc.gov)
- Signed waivers
- Ten-year driving record
- · Copy of social security card
- · Copy of driver's license
- Copy of DD214

As an equal opportunity employer, it is the policy of the City of Hartsville to only hire qualified candidates who are best suited for employment with our agency without regard to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s). The following steps may occur in the employment process:

- Preliminary review of application packet (Human Resources to determine minimum qualifications and then by the hiring Department).
- Preliminary background investigation to include at a minimum:
 - Driver's license and criminal history check
 - Verification of prior employment, education and experience
- Contact references (in person where practical)
- Thorough investigation of any adverse disclosures or discoveries
- Interview with Department Directors and/or Professional Board
- Interview with HR Director
- Interview with City Manager
- · Conditional offer of employment
- Drug testing
- Physical examination (when applicable)
- Orientation for employment

You will be contacted if you are considered beyond the preliminary review of your application. Our process could take from one to three months depending on the department's status of hiring, the scheduling of testing and the applicant's particular background. Please feel free to call with any questions.

Regards,

Sherron L. Skipper Administrative Services Director



Application for At-Will Employment

POSITION APPLIED FOR (One position per application) ______ Date _____



This application must be completed by applicant in full and signed in blue ink. Incomplete or unsigned applications <u>will not</u> be considered. Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. If you are selected for an interview, the appropriate department will notify you. Be aware that certain information contained in this completed application may be subject to the SC Freedom of Information Act. Thank you for your interest in employment with the City of Hartsville.

PLEASE PRINT. (This application is not, and is not intended to be, a contract of employment.)

Name	Driv	ver's License #	Sta	ate & Exp Date
Address		City	State	ZIP
Home Phone	Work Phone		Cell Phone	
Have you ever been denied a license, or revoked? [] Yes [] No If yes, provide details:			or had your license, peri	nit or privilege suspended
Have you been convicted, pled no cor NOTE: Conviction is not necessarily a considered. If yes, please explain.	a bar to employment. Circ	cumstances surround	ing the conviction and jo	
Are there any charges or indictments of the second				
Are you a citizen of the United States?	?[]Yes []No Are you	an alien lawfully auth	norized to work in the Ur	nited States? [] Yes [] No
Have you ever worked for the City of If yes, what department, position and				
Have you ever been terminated or fore If yes, please explain:	ced to resign from any job	? [] Yes [] No		
AVAILABILITY				
[] After two week notice [re you willing to work (c] Full time (40 hr per week)] Part time (Less than 30 hr		[] Inclement Weather [] Nights/Weekends [] Rotating Shifts	[] Outdoors [] Overtime [] Holidays
EDUCATION				
What specific academic, vocational, to	echnical or professional ed	ducation(s) have you	had that relates to this j	ob?
Circle last grade completed: 1 2 3 4	5 6 7 8 9 10 11 12	/ GED / College 13	14 15 16 / Graduate	School 17 18 19
NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		Yes No		
		Yes No		
		Yes No		
MILITARY SERVICE				
MILITARY SERVICE Branch	Rank	Date Er	ntered	Date Discharged
SKILLS	rank	Date Li	itorou	Date Discharged
Computer Software	[] Windows [] Wo [] WordPerfect [] Lotus 1-2-3 [] Au	PowerPoint [] AccessutoCAD [] Other:	s [] Outlook
Equipment	Indicate the types of [] Trucks/Dump trucks/	equipment you are sl] Other
Professional Registrations/Licenses/Certification	Please list (Example:		Water and Wastewater	certifications):
Other Training (Include Military)				
		nt a Contract)		Page 1 of 3

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REFERENCES

Name	Address	om you have known for at least three (3 Phone	Occupation
List any relative(s) employed by	y the City of Hartsville (give n	ame, department, and relationship to yo	ou)
EMPLOYMENT HISTORY Please include part-time and te additional sheets if necessary		l as job-related military service. List an	y self-employment. Attach
May we contact your current Current Employer: Name of Company			
Telephone Number () Starting Date Ending Date Detailed Description of Duties _	Entry Job Title Ending Job Title	Address Entry Salary \$ Ending Salary \$	per per
Name and Title of Supervisor			
Previous Employer: Name of Company Telephone Number () Starting Date Ending Date	Entry Job Title Ending Job Title	Address Entry Salary \$ Ending Salary \$	per per
Name and Title of Supervisor _ Reason for Leaving			
Next Most Recent Employer: Name of Company Telephone Number () Starting Date Ending Date Detailed Description of Duties _	Entry Job Title Ending Job Title	Address Entry Salary \$ Ending Salary \$	per per
Name and Title of SupervisorReason for Leaving			
Next Most Recent Employer: Name of Company Telephone Number () Starting Date Ending Date Detailed Description of Duties	Entry Job Title _ Ending Job Title	Address Entry Salary \$ Ending Salary \$	per per
Reason for Leaving			
Telephone Number () Starting Date Ending Date	Entry Job Title Ending Job Title	Address Entry Salary \$ Ending Salary \$	per
Name and Title of Supervisor			

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN

Student Loan: State Law (59-111-50) prohibits employment defaulted on certain student loans, unless they can prove the By my signature, I certify that I am not currently in default on	at satisfactory arrangements have been made for repayment.
Signature	Date
Required in blue ink	
Selective Service: All males between the ages of 18 and 2 signature, I certify that I have registered with Selective Servi	5 are required to be registered with Selective Service. By my ce.
Signature	Date
Required in blue ink	
SECTION A: It is the policy of the City of Hartsville to select an applicant of educational background, related work experience, and other Opportunity Employer.	
It is further the policy of the City of Hartsville to recruit, hire, age, disability, national origin, race/color, religion, sex, or an	train and promote employees and applicants without regard to y other unlawful discriminator(s).
The City of Hartsville has designated the following (person of this requirement. Inquiries should be directed to:	or office) as the contact to coordinate efforts to comply with
Sherron L. Post Office	Skipper, Administrative Services Director e Drawer 2497 South Carolina 29551 3018
are subject to verification and any omission, false, misleadin employment or for dismissal. I agree to submit to a urine drug screen, physical or other may be grounds for disqualifying me or terminating my emple. I understand and agree that if employed, I will be an emplemployment at any time, with or without notice and with or well-understand that if hired, I must meet the eligibility verifical Naturalization Service and submit appropriate documentation This documentation will be provided to the Department of Hoverify.	medical tests, if required for this position. The results of such oyment. oyee "at-will" and will have the right to terminate my without cause, and that the city has the same right. ation requirements of the Federal Immigration and in to satisfy the requirements of completing INS Form I-9. In the owner of the more completed in the complete of the more completed in the complete of the complete
DO NOT SIGN UNTIL YOU HAVE REAL	O THE ABOVE APPLICANT STATEMENT.
APPLICANT'S SIGNATURE	DATE
APPLICANT'S SIGNATURE Required in blue ink	

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IMPORTANCE OF HONESTY STATEMENT

It is extremely important that you are completely honest in all of your answers. Honesty is the most important characteristic that you must demonstrate.

The importance of honesty from the time of completion of all application documents, questionnaires and during all interviews cannot be overemphasized. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Applicants have been disqualified for dishonesty.

While filling out all documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes, include it."

You may think that something you have done will disqualify you from further consideration. That may or may not be the case. What will certainly disqualify you is lying or distorting the truth. For example, an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you; however, lying about it will disqualify you from further consideration.

Honesty Statement.		
Name of Applicant		

Date

Applicant Signature (Sign in blue ink)

By signing below, I acknowledge I have read and understand the contents of the Importance of





RELEASE OF INFORMATION

I hereby request and authorize my former employers or other agencies to provide any information requested by the City of Hartsville concerning my employment, including but not limited to, information or opinions as to my character, habit, ability, work record, and reasons for leaving employ; and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered for employment with said agency. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

I understand that if I am applying for employment with certain departments within the City of Hartsville that my credit rating will also be checked. I further understand that if the City of Hartsville is unable, through the exercise of reasonably diligent investigative methods, to obtain information concerning my background, credit rating, and character necessary to evaluate my qualifications to be accepted for employment by the City of Hartsville, I may be rejected for such employment.

I hereby release the City of Hartsville, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause, as a result of releasing said information to any member of the City of Hartsville, or any person or entity acting on their behalf. I further understand that in consideration for said release, the City of Hartsville will regard all information so obtained as confidential and shall not release the same to any person without my express consent.

A copy or fax of this authorization shall be as effective and valid as the original.

	XXX-XX
Print your name	Social Security Number
	Last 4 Digits
Signature (Required in Blue Ink)	Date



Applicant Data Record			
Name	Position		
The information requested below is needed for information will be kept in a confidential file will			onnel research. This
Qualified applicants are considered for all posorigin, race/color, religion, sex, or any other u		out discrimination as	s to age, disability, national
DATE OF BIRTH _	SEX []Male[]Fe	male	
] White] Black or African Ameri] Native Hawaiian or Oth] Asian] Hispanic or Latino] American Indian or Ala] Two or more races	ner Pacific Islander	
How were you referred	to the City of Hartsville?	Check which one	(s) apply.
[] Walk-In [] Friend or Relative [] Co	llege Placement [] City	Employee [] Nev	vspaper Ad
[] Internet [] Agency [] Other			
In cooperation with the Family Independer Welfare and food stamp recipients. If you			
Are you currently receiving AFDC or food sta	mps? []Yes []No		
To Vietnam Era Veterans, Disabled Vetera	ոs and Individuals with բ	hysical or mental d	lisabilities:
You are invited to volunteer this information, is accommodation. This information will be considered your consideration for employment.			
If you so wish to be identified, please check if	any of the following are a	oplicable:	
[] Vietnam Era Veteran (served between 19	964-1975) [] Disable	ed Veteran [] I	ndividual with a disability



An Equal Opportunity Employer

Please contact Sherron Skipper at (843) 383-3018 to give advance notice if you need a reasonable accommodation.